WASHINGTON STATE DEPARTMENT OF ECOLOGY

Send To: Washington Department of Ecology

Hazardous Waste Information & Planning
Attn: DW Notifications P.O. Box 47658 Olympia, WA 98504-7658 (206) 459-6387

	DEPARTMENTAL USE ONLY	
REC'D		
LOG		
REVIEW		
G/WAC		
	WAD981770118	

FORM 2

(ADN	MINISTRATIVE			IIVIIIES		
□ A. FIRST NOTIFICATION (No previous application has been made □ C. WITHDRAW SITE ID # DATE 12 3 (Complete Sections 1F, 2-8 & 13. Enter ex	for this site.) 31 91	D. REACTIVATE Enter previous F. EXISTING SI (Complete for	sections of the formation of the formation of the formation of the sections of the sections of the sections of the formation of the formation of the sections of the formation o	orm. Enter existing somplete all sections ID # in 1F.)		
2.A. WASHINGTON STATE DEPARTMENT OF RE (TAX) NUMBER	VENUE REGISTRATION	2.B. SIC CODE(S) PRIMARY	SECO	DNDARY	OTHER	
2.C. TYPE OF BUSINESS CONDUCTED AT THIS	SITE					
NAME OF INSTALLATION						
WDOE NRO CEDAR HILLS LA	NDFILL DRUM					
4. LOCATION OF INSTALLATION (Attach sit	e location map.)					
Street						
16645 228TH AVE SE						
County Name KING						
City or Town		State		Zip Code		
MAPLE VALLEY		WA		98038		
5. INSTALLATION MAILING ADDRESS						
Street or P.O. Box						
3190 160TH AVE SE/MS NE	-81				7	
City or Town		State		Zip Code		
BELLEVUE		WA		98008-5452		
6.A. INSTALLATION CONTACT Name (last)	(fi	rst)				
Job Title		Phone Number				
6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box						
City or Town		State		Zip Code		
ZA, NAME OF INSTALLATION'S LEGAL OWNER				I I		
Street or P.O. Box						
City or Town	п	State		Zip Code	1/2	
7 B. PROPERTY OWNERSHIP (Also provide addre	ss in section 12 if differen	t from 7A.)				
					MIN	
UJEFA RURA	OWNER TYPE	7.D. PROPER	IY TYPE	12		
-				1,		

12. COMMENTS	
	[2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2

13. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately resonsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Robin Munroe

NAME AND OFFICIAL TITLE (type or print)
Robin Munroe
Environmentalist

DATE SIGNED

November 4, 1993